

UNITED STATES DISTRICT COURT

for the

Eastern District of Tennessee



Andrew McKeivitz

Plaintiff(s)

v.

Capital Alliance Partners, LLC

Defendant(s)

Civil Action No. 3:18-cv-131

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Business Filings Incorporated, Registered Agent
818 West 7th Street, Suite 930
Los Angeles, California 90017

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Stephen H. Byrd, Attorney at Law
9051 Executive Park Drive, Suite 200
Knoxville, Tennessee 37923

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 3/27/2018



CLERK OF COURT

John M. McKeivitz
Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Capital Alliance Partners, LLC
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* CT Corporation Systems, who is
designated by law to accept service of process on behalf of *(name of organization)*
Capital Alliance Partners, LLC on *(date)* 4/3/18; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 4/23/18

Stephen H. Byrd

Server's signature

Stephen H. Byrd, Plaintiff's Attorney

Printed name and title

9051 Executive Park Drive
Suite 200
Knoxville, Tennessee 37923

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Capital Alliance Partners, LLC
Business Filings Incop.
818 West 7th Street, Ste. 930
Los Angeles, CA 90017



9590 9402 2662 6336 0606 91

2. Article Number (Transfer from service label)

7017 1450 0001 6118 7456

COMPLETE THIS SECTION ON DELIVERY

A. Signature **CL CORPORATION SYSTEM**

X 818 West Seventh Street
Suite 930

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)
Los Angeles, CA 90017

C. Date of Delivery
APR 3 20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

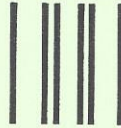
PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 2662 6336 0606 91



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Stephen H. Byrd, Esq.
9051 Executive Park Drive
Suite 200
Knoxville, TN 37923

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